

DISCLOSURE SUMMARY PAGE

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALLIMPORTANT: Indicate type of committee you are reporting for: ☒(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee**CANDIDATE COMMITTEES ONLY:**

Candidate Name

DARYL BEALL

Political Party

DEMOCRAT

Office Sought

SENATE

District (if Senate or House)

25Linda VanBuren

SIGNATURE OF TREASURER (or person filing this report)

515.576-2508
TELEPHONE**FORM
DR-2**

(Rev. 07/2003)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1361

Logged In

Scanned

Computer

WRS

Audited

KENTUCKY
DISCLOSURE BOARD

JUN 30 2004

UPS

FRIED 06.01.04

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate one ☒☐ CHECK IF AMENDMENT TO REPORT DATED 07.14.02☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held
by the committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period, or must be zero if this is first report filed.) 313 16,587.81 \$**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3) 313 17,997.85 \$

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK#	LORA SINK 320 - LAMBETH RD WATERLOO, IA 50701	DAUGHTER	\$ 50.00	
	ID# CK#	CORINNE FLEMING 1416 - 20TH AVEN. FT. DODGE, IA 50501		20.00	
	ID# CK#	SUSAN MOELLER COMICA 916 - 2ND AV. N. FT. DODGE, IA 50501		100.00	✓
	ID# CK#	RON + CAROL RHODES 2504 - 22ND AVEN. FT. DODGE, IA 50501		20.00	✓
	ID# CK#	DIANE KNUPP 15 S. 1ST ST FT DODGE, IA 50501		100.00	
	ID# CK#	PENNY MILLER 1101 HILLCREST KALAMAZOO, MI 49008		200.00	
7/14/02	ID# CK#	KEITH GOEDKEN 1982 - 10TH AVEN. FT. DODGE, IA 50501		25.00	✓
7/14/02	ID# 6354 CK# 1152	FREEDOM FUND PAC 851 - 19TH ST DSM, IA 50314		150.00	
7/14/02	ID# 6113 CK# 2593	AFSCME COUNCIL 61 4320 - N.W. 2ND AVE DSM, IA 50313		500.00	
07.14.02	ID# CK#	PASS THE MAT		20.00	

SUB-TOTAL

\$1085.00

TOTAL (if last page of this schedule)

\$4156.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 6 of 6
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) <u>PEOPLE FOR BEALL</u> <u>JUL 22 2002</u>	
IMPORTANT: Indicate type of committee you are reporting for: <input checked="" type="checkbox"/> PM 7-19	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates	
CANDIDATE COMMITTEES ONLY:	
Candidate Name <u>DARUL BEALL</u>	Political Party <u>DEMOCRATIC</u>
Office Sought <u>SENATE</u>	District (if Senate or House) <u>25</u>

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1361</u>
Indexed	
Audited	
Computer	

<u>Linda VanBare</u>	<u>515.576.2508</u>	<u>7-18-02</u>
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE	DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 07.14.2002 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one ☒

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 16407.81**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

4136.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

20543.81**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...

2665.96

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 17877.85

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$

0

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

328.88

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$

0**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

pm 7-19

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK#	LORA SINK 320 - LAMBETH RD WATERLOO, IA 50701	DAUGHTER	\$ 50.00	
	ID# CK#	CORINNE FLEMING 1496 - 20TH AVEN. FT. DODGE, IA 50501		20.00	
	ID# CK#	SUSAN MOELLER - COMICA 916 - 2ND AV. N. FT. DODGE, IA 50501		100.00	✓
	ID# CK#	RON + CAROL RHODES 2504 - 22ND AVEN. FT. DODGE, IA 50501		20.00	✓
	ID# CK#	DIANE KNUPP 15 S. 1ST ST FT. DODGE, IA 50501		100.00	
	ID# CK#	PENNY MILLER 1101 HILLCREST FT. DODGE KALAMAZOO, MI 49008		200.00	
7/14/02	ID# CK#	KEITH GOEDKEN 1982 - 10TH AVEN. FT. DODGE, IA 50501		25.00	✓
7/14/02	ID# 6354 CK# 1152	FREEDOM FUND PAC 851 - 19TH ST DSM, IA 50314		150.00	
7/14/02	ID# 6113 CK# 2593	AFSCME COUNCIL 61 4320 - N.W. 2ND AVE DSM, IA 50313		500.00	
	ID# CK#				

SUB-TOTAL

\$1065.00
\$4136.00

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 6 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7/14/02	ID# CK#	EDWINA O'FARRELL 227 S. 12TH ST FT. DODGE, IA 50501		\$ 50.00	✓
7/14/02	ID# CK#	KENNETH HILER 2915 ZEARING AVE SOMERS, IA 50586-7560		25.00	✓
7/14/02	ID# CK#	WILLIAM LOMKAHL 2809-10TH AVE N. #3 FT. DODGE, IA 50501		25.00	✓
7/14/02	ID# CK#	ENIMETT BASSETT 610 GARFIELD AVE POB112 PARNHAMVILLE, IA 50538		25.00	✓
7/14/02	ID# CK#	CORINNE FLEMING 1486-20TH AVE. N. FT. DODGE IA 50501		25.00	✓
7/14/02	ID# CK#	DANIEL BEDNAR 1307 S. 28TH ST FT. DODGE, IA 50501		10.00	✓
7/14/02	ID# CK#	RACHELLE SALTZMAN 631 - 37TH ST DSM, IA 50312		36.00	✓
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 196.00

TOTAL (if last page of this schedule)

\$

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Page 5 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK#	NIENJA HERUM 1711 - N. 15TH ST FT. DODGE, IA 50501		\$ 50.00	
	ID# CK#	CORINNE FLEMING 1486 - 20TH AVE N. FT. DODGE, IA 50501		20.00	
	ID# CK#	JOHN MARTINEZ 1011 SCOTT FELION RD INDIANOLA, IA 50125		50.00	
	ID# CK#	PAUL FIELDS 3536 - 380TH ST PARNHAMVILLE, IA 50538		20.00	
	ID# CK#	MARY CONRAD 1516 - 6TH AVE N. FT. DODGE, IA 50501		25.00	
7/14/02	ID# CK#	DENNIS BARNUM 1401 MAIN ST COWRIE, IA 50543 - 7463		100.00	✓
7/14/02	ID# CK#	ROGER NATTE 2014 N 22ND ST FT. DODGE, IA 50501		125.00	✓
7/14/02	ID# CK#	PAUL GREEN 1230 - 6TH AVE N. FT. DODGE, IA 50501		25.00	✓
7/14/02	ID# CK#	MRS KERMIT SMITH, JR. 2327 - 20TH AVE N. FT. DODGE, IA 50501		25.00	✓
7/14/02	ID# CK#	ROBERT PINOCC 1989 N. COLE RD FT. DODGE, IA 50501		25.00	✓
SUB-TOTAL				\$ 500 465.00	
TOTAL (if last page of this schedule)				\$	

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Page 4 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK#	WARREN BLANCHFIELD 202 N. HUGHITT LAKE CITY, IA 51449		\$ 30.00	
	ID# CK#	EDWARD FRIEDMAN, JR. RR 2 BOX 152A REDFIELD, IA 50233		200.00	
	ID# CK#	KATHY LEE REILLY 2312 40TH PL. DSM, IA 50310-3934		300.00	
06/19/02	ID# CK#	RICHARD BLACK 3228 XENIA AVE. FARNHAMVILLE, IA 50538		50.00	✓
06/19/02	ID# CK#	JO A. HENDRICKS 919 3RD AVE. S. FT. DODGE, IA 50501		25.00	✓
06/19/02	ID# CK#	KELLY MARSHALL 16003 TAYLOR ST OMAHA, NE 68116		50.00	
06/19/02	ID# CK#	WARREN PAGE 420 KENYON RD FT. DODGE, IA 50501		25.00	
06/19/02	ID# CK#	SHIRLEY A. PARKINS 907 N. 6TH AVE. CIR. WINTERSET, IA 50273		25.00	
06/19/02	ID# CK#	DONNA LAWSON 1214 SOUTHFIELD DR JEFFERSON, IA 50129		25.00	
06/19/02	ID# CK#	PHYLLIS BIRD 264 N. ELM ROCKWELL CITY, IA 50579		50.00	
SUB-TOTAL				\$ 780.00	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK#	MICHAEL SCOTT 4250 NO. MARINE DR., APT 1015 CHICAGO, IL 60613-1726		\$ 25.00	
	ID# CK#	DANIEL BEDNAR 1307 SO. 28TH ST FT. DODGE		20.00	
	ID# CK#	DAVID PALMER 213 SW FLYNN DR. ANKENY, IA 50021		50.00	
	ID# CK#	MARY SHERER 7016 PALM DRIVE URBANDALE, IA 50322		100.00	
	ID# CK#	SHARON NEUMANN 2916 - 25TH AVE NO. FT. DODGE, IA 50501		50.00	
	ID# CK#	JAMES PATTON ROCKWELL CITY, IA 50579		100.00	
	ID# CK#	JACK MALLARO 1320 - N. 22ND ST FT. DODGE, IA 50501		100.00	
	ID# CK#	PEGGY R. TREVINO P.O. B. 1680 FT. DODGE, IA 50501		100.00	
	ID# 6351 CK# 1089	PETROLEUM MARKETERS 1303 - 50TH W. DSM, IA 50266		100.00	
	ID# CK#	JANE ROGERS 608 N. 28TH ST. APT 10 FT. DODGE, IA 50501		15.00	
SUB-TOTAL				\$ 660.00	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 6
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

SCHEDULE

A

(Rev. 06/97)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
06/14/02	ID# CK#	MRS. G. W. GRAALMAN 420 KENTON RD W-210-211 FT. DODGE, IA 50501		\$ 20.00	
7/14/02	ID# CK#	JOHN DODGEN P.O.B. 39 HUMBOLDT, IA 50548		250.00	✓
7/14/02	ID# CK#	RICHARD BLACK 3228 XENIA AVE. FARNHAMVILLE, IA 50538		100.00	✓
7/14/02	ID# CK#	ELMER PLINCK 2064-219TH ST FT. DODGE, IA 50501		100.00	✓
7/14/02	ID# CK#	JOHN RIEBHOFF 405 - SW. ELW, APT 404 ANKENY, IA 50021		100.00	✓
7/14/02	ID# CK#	LARRY HOOD 300 MAPLE BIK 292 LOHRVILLE, IA 51453		100.00	✓
7/14/02	ID# CK#	CARRIE A. GOODWIN 404 S. CHESTNUT JEFFERSON, IA 50129		50.00	✓
7/14/02	ID# CK#	NANCY STANEK 448 LOOMIS AVE FT DODGE, IA 50501		50.00	✓
7/14/02	ID# CK#	MERLIN ACICERSON 1707 PARKVIEW AVE KEOKUK, IA 52632		50.00	✓
7/14/02	ID# CK#	PATRICIA STOLLMAN SOS-36TH ST #203 DES MOINES, IA 50312		50.00	✓
SUB-TOTAL				\$ 870.00	
TOTAL (if last page of this schedule)				\$	

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Page 1 of 6
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/30/02	ID# 1361 CK# 2011	PARTY PRODUCTIONS FT. DODGE, IA	PARADE CANDY	\$ 146.58
06/07/02	ID# 1361 CK# 2012	PARTY PRODUCTIONS FT. DODGE, IA 50501	PARADE CANDY	154.55
06/14/02	ID# 1361 CK# 2014	DENKLAUS SIGNS 514 - CENTER ST BARNHART, IA 50518	SIGNAGE	116.60
6/19/02	ID# 1361 CK# 2015	ECONOMY PRINT + GRAPHICS 1109 CENTRAL FD, IA 50501	SHIRTS	572.40
6/19/02	ID# 1361 CK# 2013	JOSELYN PRESS POB 813 FD, IA	INVITATIONS	243.43
07/05/02	ID# 1361 CK# 2016	DOUBLE M SIGNS 1853RD ST. FD, IA	SIGNAGE	1136.9
07/05/02	ID# 1361 CK# 2017	ECON. PRINT + GRAPHICS 1109 CENTRAL FD, IA	SHIRTS	779.2
07/05/02	ID# 1361 CK# 2018	MESSENGER PRINTING 712 - 1ST AV. S. FD, IA	FLYERS	288.32
SUB-TOTAL				\$ 1713.49
TOTAL (if last page of this schedule)				\$ 2665.96

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06/27/02	ID# 1361 CK# 2046	WEBSTER CO AG ASSN WEB CO. FAIRGROUNDS PO. IA 50501	FAIR PARTICIPATION	\$ 100.00
06/28/02	ID# 1361 CK# 2047	WAL MART PO. IA	OFF. SUPPLIES	92.58
06/28/02	ID# 1361 CK# 2046	POSTMASTER	POSTAGE	37.26
7/8/02	ID# 1361 CK# 2050	OFFICE MAY 5TH AV. N PO. IA	OFF. SUPPLIES	42.40
07/8/02	ID# 1361 CK# 2051	POSTMASTER	POSTAGE	118.40
07/16/02	ID# 1361 CK# 2052	POSTMASTER	POSTAGE	104.40
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 485.04
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 2 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
17/17/02	ID# 1361 CK# 2019	MESSENGER PRINTING 712 - 1ST Ave So. FD, IA	ENVELOPES	\$10.60
07/17/02	ID# 1361 CK# 2020	KELCO SIGNS 26 - N. 3RD ST KD, IA	SIGNAGE	151.05
05/22/02	ID# 1361 CK# 2040	POSTMASTER	POSTAGE	68.00
05/27/02	ID# 1361 CK# 2041	OFFICE 1144 5TH AV N. FD, IA	INK CARTRIDGES	29.67
05/28/02	ID# 1361 CK# 2042	POSTMASTER	POSTAGE	48.10
06/28/02	ID# 1361 CK# 2043	STARLITE B.W. MOTEL DSM IA	CANDIDATE TRAINING	58.40
06/20/02	ID# 1361 CK# 2044	POSTMASTER	POSTAGE	46.10
06/15/02	ID# 1361 CK# 2045	SAMS CLUB DSM, IA	PARADE SUPPLIES	63.51
SUB-TOTAL				\$ 467.43
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 1 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
			\$
		SUB-TOTAL	\$
	TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD		\$ 0

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

• FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEACH

SCHEDULE

E

(Rev. 06/97)

IN KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM[illegible]

SUB-TOTAL	\$
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**TOTAL (if last
page of this
schedule)**

\$ 328.88

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

SCHEDULE

F

(Rev. 08/96)

LOANS
RECEIVED
& REPAY☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAY
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Mailing Address		
City	State	Zip Code

CONTRACT PERIOD (MM/DD/YR)

TOTAL ANTICIPATED
COMPENSATION FOR
PERFORMANCE

From _____	\$ _____
To _____	

ESTIMATES OF PERFORMANCE

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

SUB-TOTAL

\$

TOTAL (If last page of this schedule)

\$

0

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

SCHEDULE

H

(Rev. 02/96)

CAMPAIGN
PROPERTYATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY****PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ****

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT
(TRANSFER TO SUMMARY PAGE) \$

0

** PROPERTY SALES & TRANSFERS TOTAL
(TRANSFER TO SUMMARY PAGE) \$

0

TOTALS

\$ 0

* If estimated, show *est.* beside figure.

(Attach Additional Schedules if Needed)

Page 1 of 1 Pages
(For Schedule H)